

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 577123

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4		3				
5		0				
6	1					
7						
8						
9						
10		3				
11						
12	1					
13						
14		0				
15						
16			1			
17				1		
18						
19						
20						
21			1			
22				1		
23						
24						
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26						
27			1			
28				1		
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47						
48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	12	←		←
TOTAL CLAIMS			15			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						